

Mental Health Survey Tool – Explanatory Notes

Traumatic events are characterized by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Survivors, rescue workers, friends and family of survivors, or anyone witnessing a traumatic event, can be adversely affected. Individual reactions vary, but frequently include fear, grief, depression, and other stress-related symptoms. Reactions to a traumatic event are often of short duration, and only last a few days or weeks after the event and dissipate without professional intervention. Most people report feeling better within three months after the traumatic event. Those who report symptoms lasting more than a few days are at increased risk for developing stress-related disorders such as acute stress disorder (ASD) and post traumatic stress disorder (PTSD).

This survey tool was designed to assess psychological symptoms in reaction to traumatic events among adult men and women (over the age of 18). Specifically, the tool assesses anxiety, depression, acute/post traumatic stress disorder, and problematic drinking symptoms. The questions may be administered via phone interviews, face-to-face interviews, or paper-and-pencil assessments. The questions included are generic, and may be altered to reflect the traumatic event of interest. They assess stress-related psychological symptoms that may emerge in response to a wide range of traumatic events. Information provided can be used to document the presence of negative psychological sequelae, but not diagnosable psychiatric disorders.

Demographic characteristics

As much information as possible about respondent characteristics should be obtained; at a minimum:

- gender
- year of birth or age
- race
- ethnicity

Although not as critical, the following information is highly recommended:

- the highest grade or year of school completed
- employment status
- marital status
- household income

Exposure

Questions P1-P8 establish exposure to the traumatic event and the nature of that exposure. The information provided can help determine the degree of exposure, and allows for examination of the impairment as a function of the type or amount of exposure to traumatic events.

Acute/Post traumatic Stress Disorder Symptomatology:

Questions P9-P15 are adapted from the Short Screening Scale for DSM-IV Posttraumatic Stress Disorder.¹ These questions assess the presence or absence of symptoms related to ASD and PTSD. Although it is not possible to determine the presence of ASD or PTSD on the basis of this or other screening instruments, responses to these questions help determine whether the experience of related symptoms apply to the traumatic event in question. The information can also be used to examine the extent to which these reactions increase the risk for ASD, PTSD, or other forms of impairment.

Anxiety

Questions P16-P21 are adapted from the Hopkins Symptom Checklist.² These questions assess the presence or absence of anxiety symptoms and do not allow detection of anxiety disorders, or of the extent of impairment associated with these symptoms. The responses allow for a description of anxiety-related symptoms that may cause some impairment, may have implications for service delivery, and may increase risk for the development of anxiety-related disorders.

Depression

Questions P22-P27 are adapted from the Hopkins Symptom Checklist. These questions assess the presence or absence of depression symptoms and do not allow for detection of major depression, or of the extent of impairment associated with these symptoms. The responses allow for a description of depression-related symptoms that may cause some impairment, may have implications for service delivery, and may increase the risk for developing mood disorders.

Frequency

Question P28 assesses the frequency of any reported symptoms. This information, with information about elapsed time since the traumatic event (given when the survey is administered), may allow for some determination about the severity of reactions to the traumatic event.

Professional help seeking

Question P29 assesses the respondent's contact with health professionals after the traumatic event. The inclusion of this question assumes that professional consultation is related to severity of the symptoms. Additionally, responses to this question allow for some determination of the burden on health systems directly resulting from emotional reactions to traumatic events.

¹ Breslau N, Peterson EL, Kessler RC, Schultz LR. Short Screening Scale for DSM-IV Posttraumatic Stress Disorder. American Journal of Psychiatry, 1999; 156:908-11.

² Derogatis LR, Lipman RS, Rickels K, Uhlenluth EH, Covi L. The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. Behavioral Science, 1974; 19:1-15.

Problem drinking

Questions P30-P31 assess heavy drinking. These questions are adapted from the AUDIT-C.³ Increased drinking and problem drinking are frequent reactions to stress. The survey currently does not assess the extent to which heavy drinking is a change, or is in direct response to exposure to the traumatic event or reactions to it. However, responses can provide information for service providers and can be examined as potential risk factors for the development of occupational or social functioning.

³ Bush K, Kivlahan DR, McDonell MB, Fihn SD, Bradley KA. The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. Archives of Internal Medicine, 1998; 158:1789-95.